

# ATTACHMENT

## Coordination of Benefits Claim Examples

The following table provides examples to assist pharmacies that submit real-time claims through the Point-of-Sale system. In all of these examples, the usual and customary charge is \$125.

Other Coverage Plan Type		Other Insurance Determination	"Other Coverage" Field	Amount to Be Entered in "Other Payor Amount" Field	Amount to Be Entered in "Patient Paid Amount" Field*
Example 1	Deductible plan	Other insurance applied \$100 to deductible, paid \$25.	2	\$25	\$100
Example 2	Coinsurance plan (80/20)	Other insurance plan rate is \$100, plan pays \$80, coinsurance is \$20.	2	\$80	\$20
Example 3	Copayment plan	Other insurance plan rate is \$75, plan pays \$70, copayment is \$5.	2	\$70	\$5
Example 4	Medicare drug discount card	A discount of \$30 is provided. This is <i>not</i> an automatic discount. A claim must first be filed to Medicare in order to determine the discounted amount.	1	\$0	\$95
Example 5	Discount card	A discount of \$25 is provided. This is an automatic discount. A claim is <i>not</i> filed with a discount card.	1	\$0	\$100
Example 6	100 percent copayment plan	No payment made, plan discounts the price of the drug to \$95.	4	\$0	\$95
Example 7	Miscellaneous plan	Other insurance pays \$95, coinsurance/copayment is \$30.	2	\$95	\$30
Example 8	Insurance plan and a discount card	Other insurance denies the claim. A discount card is also presented giving a \$10 discount.	0	\$0	\$115
Example 9	Miscellaneous plan	Other insurance denies the claim, no payment made.	0	\$0	\$0

\*For real-time claims submission, the "Patient Paid Amount" field may be labeled differently depending on the provider's system (e.g., copay, spenddown, or patient price).

*Note:* If the provider fails to indicate or provide the "Patient Paid Amount" field with the participant's out-of-pocket expense after the other coverage determination is made, coordination of benefits will be based solely on the amount present in the "Other Payor Amount" field. The participant's out-of-pocket expense is determined from the primary insurance copayment or deductible and is indicated in the "Patient Paid Amount" field.

For a listing of "Other Coverage" field codes and their descriptions, refer to the Coordination of Benefits section of the Pharmacy Handbook.